



# Department of Business License

JACQUELINE R. HOLLOWAY

DIRECTOR

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<http://www.co.clark.nv.us>

## REQUEST TO SURRENDER LIQUOR LICENSE

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City, State, and Zip Code:** \_\_\_\_\_

**Liquor License Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Surrender of your liquor license can be accomplished by completion of this form. All owners having an equal interest or interest greater than 50% must sign in order for surrender to be valid.

Effective \_\_\_\_\_ the following individual(s) acknowledge their desire to surrender the above listed Clark County Liquor license. No liquor sales are to be permitted at the business establishment once this notice has been submitted. Within five (5) days of receipt of this notice by the Department of Business License all alcohol on the premises must be removed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

**If additional signatures are required place them on a separate sheet and return with this form.**

**Send To: Clark County Business License**

**Attn: Investigations Division**

**P.O. Box 551810**

**Las Vegas, NV 89155-1810**